

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>03</u> --- <u>09</u> ---	2. STATE MO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 17, 2002 April 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: CFR 440.60	7. FEDERAL BUDGET IMPACT: a. FFY <u>03</u> \$ <u>7,700</u> b. FFY <u>04</u> \$ <u>7,724</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 3.1.A page 10d, 3.1.A page 10g, 3.1.A page 12c, 4.19.B page 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 3.1.A page 10d, 3.1.A page 10g, 3.1.A page 12c, 4.19.B page 9

10. SUBJECT OF AMENDMENT:

Removes psychology services from EPSDT (HCY) only and places psychologists with "other" practitioners in medical care to include coverage of services for adults/children.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *ce* ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department of Social Services Division of Medical Services 615 Howerton Court P.O. Box 6500 Jefferson City, MO 65109
13. TYPE NAME: Steve Roling	
14. TITLE: Director	
15. DATE SUBMITTED: June 26, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06/27/03	18. DATE APPROVED: JAN 29 2004
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2003	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: THOMAS W. LENZ	22. TITLE: ARA for Div of Medicaid and Children's Health
23. REMARKS: SPA CONTROL	

Date Submitted: 06/26/03
Date Received: 06/27/03

State Missouri

b. Early and Periodic Screening, Diagnosis, and Treatment Services

Early and periodic screening and diagnostic and treatment services are provided for individuals who are under the age of twenty-one to ascertain their physical or mental defects, and health care, treatment, and other measures are provided to correct or ameliorate defects and conditions discovered thereby. Such services shall be provided in accordance with the provisions of 42 U.S.C. Section 1396d and federal regulations promulgated thereunder;

Medically necessary services identified as a result of an EPSDT screening are covered for Medicaid eligible recipients under the age of 21.

Lead screens are provided in accordance with CDC and HCFA guidelines as a component of the EPSDT (HCY) screen. All medically necessary lead treatment services permitted under Medicaid Regulations are covered under respective program areas, i.e., laboratory tests, physician, hospital, pharmacy, environmental assessments, case management, etc.

Specific providers enrolled under the Early Periodic Screening, Diagnosis and Treatment services program include:

Speech Therapists;
Physical Therapists;
Occupational Therapists;
Private Duty Nursing Providers;
Social Workers;
Professional counselors;
Environmental Assessment Providers;
Screening providers; and
Case Management providers

Program Descriptions

DURABLE MEDICAL EQUIPMENT (DME) PROGRAM:

A medically necessary item or service that is normally non-covered by Medicaid that is identified as a result of a physician or other health care professional through an EPSDT screening service may be covered for persons under the age of 21 years. Prior authorization is required for specific items such as diapers, corrective shoes, event recorders, positioning equipment, medical/surgical supplies and CPAP devices. Some items that do not require prior authorization but do require a medical necessity form are; jolst-skin burn garments, enteral nutrition, diabetic monitors and supplies, and augmentative devices.

HEARING AID PROGRAM:

A medically necessary item or service that is normally non-covered by Medicaid that is identified as a result of a physician, hearing aid dealer/fitter or audiologist or other health care professional through an EPSDT screening service may be covered for persons under 21 years of age on a prior authorized basis. Examples of items approved under the HCY Hearing Aid Program are diagnostic hearing testing, aural habilitation and FM systems.

State Plan TN# 03-09
Supersedes TN# 93-46

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State Missouri

b. Early and Periodic Screening, Diagnosis, and Treatment Services (cont.)

COUNSELING PROGRAM:

Medically necessary counseling services are covered for individuals under the age of 21 years when the need for the services is discovered through an EPSDT screening service and provided by a licensed clinical social worker or licensed professional counselor. Some services require prior authorization to determine the medical necessity of the service recommended.

Counseling services include the following:

- Assessment
- Crisis Intervention
- Individual Therapy
- Family Therapy
- Group Therapy

THERAPY PROGRAM (HCY):

School districts may be enrolled in Medicaid to provide the EPSDT services of speech, physical or occupational therapy, when the medical necessity for any or all services is documented in eligible Medicaid children's Individualized Education Program (IEP) under the Individuals with Disabilities Education Act (IDEA) meeting the above defined Therapy Program guidelines.

Physical Therapy: Physical therapy services are covered as an EPSDT service to the extent they are medically necessary and include evaluation and treatment related to range of motion, muscle strength, functional abilities and the use of adaptive/therapeutic equipment. Activities include but are not limited to rehabilitation through exercise, massage, the use of equipment and therapeutic activities.

Splinting and casting is a covered service when provided by a licensed physical therapist when medically necessary for the treatment of a patient (includes supplies and fabrication time).

Occupational Therapy: Occupational therapy services are covered as an EPSDT service to the extent they are medically necessary and include evaluation and treatment services. Typical activities related to occupational therapy are: perceptual motor activities, exercises to enhance functional performance, kinetic movement activities, guidance in the use of adaptive equipment and other techniques related to improving motor development.

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6.d. continued

Licensed Psychologist

An independently enrolled Medicaid psychologist may bill on a fee-for-service basis for services for adults and children in accordance within the psychologist's scope of practice.

7. Home Health Services

The Medicaid Program will pay for home health care when the attending physician has developed a written Plan of Care certifying the need for home health services. The Plan of Care must be reviewed by the physician at least every 60 days, or at such time as the Plan of Care is interrupted by a period of hospitalization. The certification period can be up to, but never exceed, two calendar months and mathematically never exceed 62 days.

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State Missouri

Nurse Practitioner/Clinical Nurse Specialist Services

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the Division of Medical Services. The determination and reimbursement of reasonable charge will be in conformance with the standards and methods as expressed in 42 CFR 447 Subpart D. Agency payment will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The allowable fee based on reasonable charge as above determined.

For certain specified diagnostic laboratory services included under the Title XVIII Medicare fee schedule, and when provided in a nurse practitioner's place of service. Medicaid payment will not exceed the maximum allowable Medicare payment.

The state agency will reimburse providers of nurse practitioner services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient/patients who are also eligible for Medicare Part B in conformance with 42 CFR 431.625.

Licensed Psychologist's Services

Reimbursement for psychological services for adults and children shall be based on the physicians' fee schedule and payment will be made on the lower of:

- (1) The provider's actual charge for the service, or;
- (2) The maximum allowable fee or rate as determined by the Division of Medical Services.

The state agency will reimburse providers of psychology services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient/patients who are also eligible for Medicare Part B in conformance with 42 CFR 431.625.

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